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# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL.

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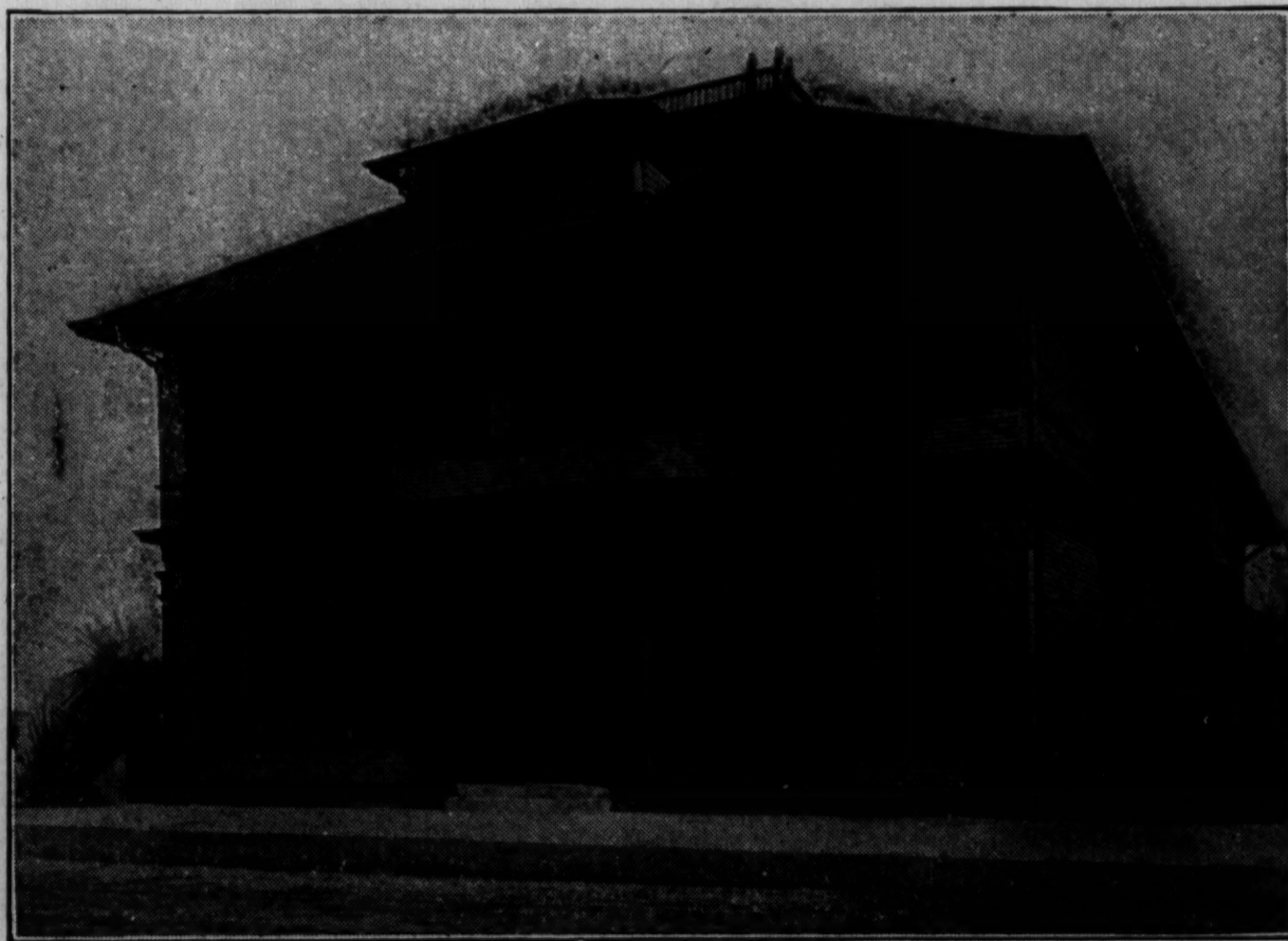
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# The California Eclectic Medical Journal

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## Original Contributions

### **GALVANISM AND FARADISM IN THE TREATMENT OF PYOSALPINX OF THE FALLOPIAN TUBES.**

Dr. J. V. Steele, Waitsburg, Wash.

Read before Washington Eclectic Medical Association, August  
2, 1910.

While this is a very big subject to treat any ways near comprehensively in one short paper, yet I hope to give some of the more salient features of electric treatment of a very intractable condition of the female pelvis.

To make this paper more comprehensive, it may be necessary to refer to some of the basic principles of these two currents. We should remember that the galvanic current is produced ordinarily by chemical action in the galvanic cell, also that its effect when applied to the tissues of the body is chemical. This chemical effect is not the same at both poles. The anode or positive pole is the one for sedation—congestion, inflammation and pain. The anode is applied nearest to the part or organ in which we wish to reduce size and fullness—sub-involution. The cathode to those organs or parts that are too small or where dryness is to be overcome. The cathode is more irritating and painful.

While the exciting action of the faradic current is chemical action in the galvanic cell, the effect of it when applied to the tissues of the body is not chemical for the double reason that it is not constant. Each make causes it to flow in one direction and each break causes it to flow in the opposite direction. And also because it is not a galvanic current, but an induced current. Therefore the effect of the faradic current is only mechanical.

It is interesting to compare the effect of faradism and mechanical vibration. We know that the short rapid strokes of the vibrator have a sedative or pain-relieving effect when applied to a painful part or organ. Also that the rapid faradic vibration, especially if made to flow through a very long fine secondary wire, has a decided pain-relieving effect. There is not so much difference in the effect of the two poles of this current. In fact the effect is practically the same for the two poles.

But when long slow strokes of the mechanical vibrator are applied to the tissues we get a decided stimulating action. Also we get the same effect when the slowly interrupted primary faradic current is applied, either pole being the same.

Having learned the difference in effects of these two currents and difference in effect of the two poles of the galvanic current, we are in a position to apply them to diseased conditions, just as intelligently as we are able to apply the different drugs after first learning the therapeutic action of each.

As there is a difference in reliability of the different drugs so is there a difference in the effect and reliability of the different batteries on the market. Especially is this true of a faradic battery. Probably the galvanic action is the same regardless of source or apparatus. But not true of the faradic. "Any old battery won't do." Probably the most complete faradic battery is that manufactured by Waile & Barttette, N. Y. It is made according to instruction of Dr. Engleman who, no doubt, is the best authority on faradism. This battery is rather expensive and is made only when ordered. You will find a full description of it in "International Electro-therapeutics."

A good faradic battery must have coarse, medium and fine secondary coils for different effects. The coarse wire for muscular contraction and nerve irritation and the fine long wire for relief of pain and irritation.

I have always been interested in galvanic and faradic electricity, and the first case of fallopian pyosalpinx I treated made a profound impression on me. This was a case of seven or eight years standing with the usual history of those cases. I gave her forty-three treatments, vagino-abdominal with large pad to abdomen and cuped shaped negative electrode to cervix uteri. It was my purpose to give these treatments twice weekly—Tuesdays and Fridays—but patient could not come to office regularly. Taking the patient's word for it, the amount of pus drained away in this case was enormous. The discharge of pus gradually ceased and patient seemed much improved. Treatments were stopped, but not long after, she began vomiting every few hours, not being able to retain nourishment or medicine.

Physical examination of pelvis negative, but suspecting some trouble in the fallopian tube, and as a last resort, decided to operate. Now comes the interesting part of this case, from the standpoint of electric treatment. When the abdomen was opened the tube on the affected side was found in normal condition so far as pyosalpinx was concerned. But at its distal end there was a small cystic tumor the size of the end of the index finger. This was removed and patient made a speedy recovery. This, my first case of fallopian pyosalpinx to treat with elec-

tricity, afforded me an opportunity to see exactly what galvanism did for that pathological condition.

Another very striking and seemingly unfavorable case came to me for treatment. This patient did washing for a livelihood, but every few weeks she would have to go to bed on account of pelvic pain and soreness. This had been the case for six years or longer. On examination found pelvic inflammation had been very extensive. Pelvic organs adhered and immovable. She gave a history of much discharge of pus from vagina, but when the discharge would cease the fallopian tube would fill and cause her severe pain and soreness. The systemic effect was also marked. I often attended her in these spells when the pulse would be 120, temperature 102 F., chilly, cold moist feet and hands. I tried to discourage this patient taking electric treatment, but advised surgery; she refused surgical interference. It was up to me to do the best I could. Gave her twenty-five vagino-abdominal applications of galvanism, large waist pad to abdomen, cuped shaped negative electrode to cervix. Aimed to give treatments twice a week—Tuesdays and Fridays—but patient came irregularly for treatment and finally, against my advice, quit coming.

I did not see her after her visits to office ceased, for about two months. During this time and during the time she took electric treatments she followed her usual occupation—washing. When I saw her next, she volunteered the information that she had not had a “spell” since she quit treatment. The last time I saw her was about two years after treatment and she was still feeling well.

In these two cases, a current of from 30 to 50 milliamperes was used and allowed to flow from five to seven minutes at each treatment; as said before, treatments were given twice weekly, when possible, but were not given regularly on account of patient's negligence.

After treating the above two cases I have found a better method is to insert a No. 12 or 14 curved metal uterine electrode into the cervix past the internal os-uteri, using the same strength current for the same length of time, and before uterine electrode is removed, use for about ten minutes the faradic current from the long fine coil. This faradic current has a very decided sedative action on the affected organs.

I have also learned that instead of using the large abdominal pad it is better to use a small round pad—say four inches in diameter—placed over the affected tube. This intra-uterine application of the electrode has the double effect of dilating the cervix and causing better drainage. I think this intra-uterine

method with the small pad over the affected tube hastens recovery.

I could give many other cases treated in this way, but selected the above cases because they are especially interesting to me.

When I first began using the electrical treatments for fallopian pus tubes, I often became discouraged. I hadn't learned to be patient. It will not do for physician or patient to get in a hurry. These are chronic conditions and require chronic treatment. If we apply our treatment faithfully with a good reliable apparatus, we can expect to be rewarded with many cures. Some may not be cured; especially are gonorrheal cases very stubborn. Probably all such should be operated upon. But for the ordinary case of fallopian pyosalpinx of non-specific origin, it is curative.

It is slow to be sure, but we must remember the ordinary patient is not confined to bed at all during treatment, can even be about their usual occupation. There is really not much if any more time lost than when salpingectomy is performed; besides, the patient is cured with her organs intact.

Gentlemen, I have tried to give a true account of my experience with and the method of applying galvanism and faradism. I don't believe this treatment for pus in the fallopian tubes is used as much as it ought to be. I hope you will discuss this subject fully, and especially hope you will use this treatment to relieve a most stubborn diseased condition.

### **TREATMENT OF CANCER WITHOUT OPERATION.**

**By E. Mather F. Ph. Eng., A.M., M.D., Detroit, Mich.**

**Member of the Royal Institute of Public Health, Eng. Member of the American Association for the Advancement of Science; of the American Health League, Etc.**

**Read before the California Eclectic Medical Society.**

We are thoroughly alive to the fact that cancer and similar morbid conditions, has been well known for ages past, and that this disease possesses certain characteristics, and attacks by preference—with a regularity which is most consistent—particular organs or structure.

Now the affection, moreover, unilateral, clearly demonstrating that cancer, in its initial stage at all events, is not a blood disease.

What more ambition could one cherish than that of aiding in the solution of the difficult problem of the pathogeny of malignant disease? With this subject from time to time being

before me, here permit me to draw your attention to the close pathological relationship, which, we have recently learned exists between diseased organs and those in physiological sympathy with them.

Now it is not my intention to quote at any great length from writers on this hitherto unanswerable question, but more embody the results of my personal experience—which has now extended over many years—trusting that something may be gleaned from it, which may be of service to others working in this important field of research. For I am conscious that, unaided, it may be deemed impossible for any one mind of any one man to grasp fully, so as to enable to demonstrate to his own satisfaction even, the pathogenesis and therapeutics of this so-called terrible disease. Yet it must be conceded that patience and persistent study may enable one to overcome very many difficulties.

Now, is it only coincidence, or is it not due to some inflexible law, which tends to render some women at a certain age, and living under similar social conditions, but whose sexual organs have been in abeyance, more liable to scirrhus of the mamma than those in whom these organs have been brought into normal activity? The question is naturally suggested, why do not all women, whose conditions of life have been similar to their more unfortunate sisters, and who otherwise present no feature differing from the latter, not develop similar morbid conditions? Now this is a question of the very greatest importance at this present moment, and its elucidation ought surely to be the reward of one of very careful enquiry. For the fact seems beyond dispute, that scirrhus of the mamma and carcinoma of the uterus are so consistent in their etiology, that it is only reasonable to infer they must of necessity be dependent upon the confiction of certain physiological laws.

It is, however,—in the first instance—carcinoma of the uterus, as one of the subjects under discussion, that I propose to deal with in detail at this present time.

It's a known fact that the development of this disease can most assuredly be prevented if due care be given to the restoration of the health of the cervix, especially where laceration exists.

Now this lesion I consider to be a most pregnant cause of that unhealthy condition of the uterus which favors the development of carcinoma. For this, doubtless, is due to the fact that the lowered vitality of these parts has culminated in such an enfeebled condition of the tissue, as to make them into a suitable nidus for the sustenance and development of the materies morbi.

Then again, probably beyond this there has been coincident an altered physiological condition of a distant organ or organs, which have hitherto exercised a healthy controlling influence on the tissues affected. Now on the other hand, you will find lacerations is not the only morbid condition that favors the development of malignant diseases. Subinvolution with its accompanying endometritis and general enfeeblement of the organ, is also a very powerful factor.

I will here state without fear of criticism, that I have on more than one occasion, seen incipient malignant disease attacking the cervix uteri, which has completely disappeared after treatment directed solely to the primary morbid condition, this being followed by the restoration of the organ to its normal state of health, thereby enabling it to resist the encroachment of the disease. Therefore, with confidence, I affirm that malignant disease in its early stages may be successfully combated, with constitutional treatment; now this statement, I know, will be looked upon by those who think cancer as incurable under any treatment. Still it only goes to confirm my view that it is essentially a disease whose potency can be developed only upon a weakened organ, and becomes powerless to develop its malignancy in any part which is vigorous and healthy. At the same time it also points to the line of treatment that should be pursued, viz: to endeavor to restore the normal standard of health to the structure which has been preyed upon in consequence of its departure from its standard; therefore I hold that this is the fundamental principle one should act upon at once, if we are bound to succeed in the treatment of the dreadful disease.

It is quite unnecessary to occupy space here in detailing cases which I could use to amply substantiate the position I have here taken up, as these can be produced. Now in studying what has been written on the pathology of cancer, one becomes bewildered by the great diversity of opinion which prevails. It has, in consequence, therefore been difficult to arrive at any accurate conclusion on the subject.

Surely no argument is necessary to enable one to admit that before cells can possibly depart from the normal, and take on a malignant development, the subjacent tissue must necessarily, in the first instance have been by some means enfeebled. Now this fact would appear to have been recognized by pathologists, who have designed this enfeebled condition of the parts "The pre-cancerous tissue." Now why it should receive this designation it is difficult to comprehend, as it has not become a dire necessity that cancer should supervene.

Again, my reason for taking exception to this nomenclature is, that under judicious treatment it is quite possible to remove

the unhealthy features that are found present, and as a result, malignancy will then be averted.

In epithelioma this debility has in all probability acted as a stimulus to the degenerated epithelium cells, the alteration in their structure being the direct sequel to the departure from its normal condition of the epithelial layer of the mucous membrane; still we are at the same time fully aware that when the cell growth of the epithelium is excited by any irritant, or by enfeeblement of the subjacent membrane, a remarkable proliferation of immature epithelial cells is the result, which is found to be discharged in considerable quantities, giving rise to catarrh.

If the altered cells, however, are retained in closed follicles, or in cul-de-sacs, like those of the utricular glands, it is not then difficult to conceive that they may become implanted within the follicles of the glands, and then proceed to a further and even a pernicious stage of development.

It will here be found that they thus are transformed from a benign to a malignant state of existence, when they consequently commence to prey upon their environment.

It will still be found, after further prostrating the already enfeebled tissue they will as a matter of course progressively infiltrate it, developing within it their character of malignancy.

Now just for a moment let us glance at two familiar blemishes which may without hesitation be pronounced simple and benign in their nature, still within which cancer in a latent stage most assuredly exists.

I now refer to such as warty excrescences and moles, which not infrequently disfigure elderly people. Yet at the same time these may have appeared in, and persisted since youth, yet without any soreness or difficulty and undergoing any apparent alteration in their characteristics during the whole life of the individual, still we do not find this the rule, as warts which develop on young persons generally disappear before the age of puberty, while in those we find making their appearance in adults, if left alone in all probability, nothing dangerous need be apprehended, hence the advisability of not interfering with them or attempting their removal, without we are prepared to use good sense and proper treatment, and cut wide of the altered tissue. Now on the other hand, if extreme care is not exercised on this point, and the wart or mole be irritated, malignancy is liable to be developed, which will be found to rapidly invade the surrounding parts.

Now we well know that these affections of the integument are composed of the normal constituents of the skin, but of which from some cause or other have become hypertrophied, still no one can possibly affirm that these deformities are devoid of malig-

nancy prior to their being disturbed or irritated, but this we do know, that their vitality is not so vigorous as that of the surrounding tissue, or their tendency would be to encroach upon it without provocation. I maintain this to be true, because of the fact, that no hypertrophied or adventitious cells can possibly equal in vigor and health those of the normal tissue, yet their very presence, like that of a foreign body, may excite so much irritation, and consequent enfeeblement of this, as to enable the foreign element to gain the upper hand, and eventually to prove successful as an invader.

By this, we are at all times enabled to comprehend, that as long as the surrounding skin is healthy and intact, no evil consequences need be apprehended, but let this be irritated either by an unskillful attempt at operation, or in any other way, and then we need not be surprised if the result is disastrous.

Again, I here draw your attention to these palpable instances of latent malignancy, living in actual contact with healthy tissue for an indefinite period, and yet remaining innocuous to illustrate my contention that malignant disease is, in every instance developed within the economy itself, and essentially consists in an altered condition of normal cells, which figuratively, may be regarded as having become cannibal.

From these two illustrations which I here cite, it is shown that warts composed of epithelial tissue may give rise to epithelioma, and yet retain many of the original characteristics of normal epithelium throughout the whole course of the continuance of the disease, and second we have the mole, which is composed of an accumulation of pigment cells, giving origin to melanotic cancer, which may aptly be described as cannibal pigment cells, seeing the malignant disease retains the pigmentary character throughout.

Therefore we must at all times endeavor to restore the weakened tissue in its immediate neighborhood to the healthy standard.

In this way, we will be enabled to prevent the onset of the disease, and arrest it while in its initial stage of actual existence.

#### DIAGNOSIS.

Now in approaching the subject of diagnosis, one can not avoid being painfully impressed by the great diversity of opinion which would appear to exist on this point.

For numerous instances are on record, where eminent pathologists, examining a single specimen, have differed in the conclusions formulated after very careful study. For one pathologist would claim a definite neoplasm to be malignant, while another observer would affirm the same tumor to be benign.

Now is it necessary to ask if it is possible to reconcile such

divergence of opinion? It goes without saying that an early diagnosis is essential if we are to be permitted to look forward with confidence to success attending any line of treatment that may be adopted? Now we know this holds good whatever method be decided upon. If we have a patient who complains of depression of spirits and irritability of temper and it is ascertained she is suffering from excessive discharges at the menstrual periods, and if besides this there is constantly present a purulent or muco-purulent discharge, which may, or may not be, at times tinged with blood, pain in the back and loins, no opportunity should be lost in making a complete vaginal examination, and if there is any doubt whatever on the part of the medical attendant, it is his duty to have this at once set at rest by calling in other advice.

Therefore, if it is ascertained that the discharge is offensive in odor, and granular and excoriated, his suspicions should immediately be aroused, and without loss of time active treatment commenced. Now when the above symptoms are found present, they will usually be accompanied by a grinding pain across the loins, with at times an excessive flow of limpid urine, with a feeling of general debility, the patient will also complain of being very easily fatigued, the patient experiences coldness of the extremities and a sensation of languor. The sleep will also be fitful and never followed by satisfactory refreshment.

### **A "DOPE FIEND RESTORED."**

**Ovid S. Laws, M.D., Los Angeles.**

It does not sound complimentary to call a human being a "dope fiend." But such is the fate of a poor mortal, who, like the angels who lost their first estate and are held in chains of darkness, had lost his first estate and was chained by a drug demon, and held under the darkness of utter despair.

On about the 10th of August, 1910, a man of 41 called on me for a prescription for  $\frac{3}{8}$  of "laudanum." His looks gave him away at once. I told him I could not do it unless he would begin to break off from the habit. He thought that was impossible. I learned that he had been at it for twelve years, and had kept it all the time from his wife and everybody else but a doctor and some druggists. He said a doctor gave him a prescription of "opium and tannise" in capsules, for a chronic diarrhoea, which only held it in check while taking them.

Later on he got "Paregoric." That soon lost effect, but the bowel trouble did not lose its effect. Then laudanum was begun, and did well, but had to be used all the time, and more of it as the days went by and months and years ran up to at least a dozen.

Thus we have a brief view of the evolution of a "dope fiend." I suppose that is about the way they all are made.

I have seen many, but never treated but one before. A lady was taking about one grain of morphine daily for pains in forehead and eyes. I saw that gelsemium was indicated, and gave it to her in large doses, and she was well in about twenty days, without any more morphine.

I assured Mr. G. that if he could be controlled, he could be cured. He was completely cornered and could get no "dope" without consenting to a trial for a cure. He was using  $\frac{3}{2}$  of laudanum daily, and the support of his small family depended upon his labor. He would fill a two-ounce vial with laudanum in the morning and drink half of it in the forenoon, and two or three glasses of gin as he went to and from his work, and at every chance, making one or two pints a day. But he was bordering on a collapse and felt despondent. He said but for his wife and child he would go into some room and turn on the gas. He had a rolling, rapid pulse, ranging from 100 to 120 per minute, yet the skin was cool and moist. I told him we would cut his "dope" down one-half at the start, and run at that until he got used to it, and then cut again. He feared it would knock him out of work. But I assured him I would give him other drugs to more than make up for the cut in his opiate. So I wrote a prescription for  $\frac{3}{8}$  of laudanum, and told him that it must last him eight days instead of four. I gave him  $\frac{3}{8}$  of a mixture containing Lloyd's avena, hyoscyamus and nux vomica, in maximum doses, and told him to fill his vial half full of that, and fill with the dope, and take as usual, and take a teaspoonful of the avena mixture every three or four hours besides. This was followed pretty well, but he complained of insomnia, and feared he could not hold his job. So I added Spec. med-gelsemium to the next two or three bottles, and later left out the avena.

I started out to cure this man by giving him the indicated remedies, and as the treatment was long, I shall only mention the remedies used in the case, and given in large doses. I have mentioned avena, nux and hyoscyamus. I soon found use for Cactus, Spec. crataegus, veratrum, quinine (as the diarrhoea was periodical), cinnamon, geranium and thymol.

In about 24 days I made another cut by ordering laudanum  $\frac{3}{6}$  and Tinc. gentian  $\frac{3}{2}$  in an  $\frac{3}{8}$  mixture, and used as before.

The next cut was made by ordering laudanum and sherry wine, equal parts, used as above, two doses a day, with the tonic three or four hours apart, and gin much reduced.

The prescription was written the same from this on, but by a remark to the druggist, I made two more cuts before the 15th of October, so that he was getting only one ounce instead of four

as he supposed. He suspected it, and as he had told his wife, at my suggestion, all about his trouble, she called to see me about it. The result was that he concluded to quit the dope entirely, and lay off two or three weeks for a rest, and clean up. I told him that when he quit taking the poison, I would give him remedies that would clear him of poison and tone him up. So I sent him a mixture of echafolta and anemopsis, to be alternated with the final tonic, made of cactus, nux and thymol. These he took for three weeks, and went back to work as a matter of necessity, but continued to gain strength. I saw him a few days before Christmas, and as he was feeling well, he had almost quit taking medicine. His pulse was down to 80 and full. He looked like a sober man instead of a "toper." He slept well and had a good appetite and no diarrhoea. And the next remark he made fairly made me shout. He said with great emphasis, "*I have not the least craving for opium or gin.* And smoke only twice a day, but intend to quit entirely."

I felt that this was the greatest achievement of my life. The Savior asked, "What would it profit a man if he gained the whole world and lost his own life?" I found this man without a ray of hope for time or eternity. Now he is full of hope for both. He thought all such cases were hopeless. He knew some doctor who got the dope habit and was treated in a good hospital, but he died. So even if he had means to go to a hospital he would expect to die. He said that no one else had ever suggested that he could be cured. He never had heard of an Eclectic. But he has now not only heard of the Eclectic school, but has learned much of their success in therapeutics, and will employ no others.

Our journals never report treatment of this class of cases. Why is it?

Is the value of human life held so low that they are not worthy of mention? Dr. G. W. Harvey some years ago simply remarked that he had cured a case by giving the indicated remedies, but did not mention what remedies were used. I should be pleased to see reports and opinions on this class of cases. Let us show our regular brethren that we can, not only cure their "doped" cases of diarrhoea, after a twelve years' run, but also the victims of their "dope." No *true* Eclectic commits the crime of causing a drug habit. Eclecticism is built upon high moral principles that are known to be for the best interests of society.

If this case is a fair sample of the medical mischief done by the doctor who treated him for diarrhoea, what an army of blighted hopes and crippled bodies he has left in his wake.

Such blighted beings will confront him in the deep recesses of Dante's Inferno, and try to make themselves happy by making

him as miserable as possible. And yet he is only a sample of the school that so largely ignores *Materia Medica* and Therapeutics, that their students do not know that they are from fifty to one hundred years behind the times. Tradition has brought down the use of mercury and opium as the chief Allopathic weapons of warfare against disease, ever since I can remember; and yet I am sure no one has ever been cured by them. By sweeping opium and mercury from our drug stores, you would therapeutically cripple our Allopathic brothers so they would quit in disgust, yet no true Eclectic would seriously feel the loss.

This patient of mine took more opium in one week than I have ever used in all my long practice. Society needs protection against these drugs and the prescribers thereof. If the people knew their ignorance and methods as they should, they would shun them as a pestilence.

There is great need that this question should be thoroughly discussed. I was fairly forced into the experiment in this case, as he was set adrift by those who ruined him. If I have blundered in the matter, it was a glorious blunder and I shall keep on at it when such victims call upon me.

Please make the pages of our journal hot on this "dope cure" subject.

#### **A FEW PERSONAL NOTES.**

**Joseph G. Tomkins, M.D., San Francisco, Cal.**

**Read before the California Eclectic Medical Society.**

Mr. President and Members:

Having just finished writing a paper, by request, for the meeting, on Obstetrics, I have just received a request to write one on Gynecology—"Just a few personal notes, you know." Now that was very kind of Dr. Welbourn, but some of my patients have this advantage over him; I mean those who come after office hours, you know; they have found me out, but I'll try to be in on this call, and hope the remedy will fit the conditions. Legitimate success is the desire of every graduate who enters the medical arena to combat and overcome the abnormal conditions and departure from health known as disease. The base of such knowledge as is required to do so is taught in the college selected by the student; they all travel the same road, till it diverges into Therapeutics; each one has taken his or her choice, and must abide by their selection; for myself, I believe I inherently followed the Eclectic Principle, because I chose the *Best*; to my mind the teaching of any and every College of Medicine may be compared to a bridge or arch; every stone is dependent upon the other for strength, support and beauty, but there is and must be

a keystone, which is the strongest and gives tone and support to the rest. Now, to my mind, Gynecology is that stone. Now, remember, I am only writing a few personal notes, you know, and have been reminded I can't do too much for this society, and I've promised I will not, but I will endeavor to prove that Gynecology is the keystone in the royal arch of medicine; so without further prelude, I will relate a few cases in my practice. I am not one of that class of enthusiasts who consider a woman consists of a womb and appendages, and that every ache and pain she suffers is the result of disordered reproductive organs, but what I wish to impress upon your attention is that if the practitioner is not very observant and gives those delicate and intricate organs their full share of credit in the influence they have upon the nervous system, they will make more mistakes and obtain less success than they otherwise would. I will illustrate it in the following cases, *all* that I have said of the requirements of a practitioner to be a successful obstetrician apply as fully to the gynecologist and take my word for it, to be a woman's friend in need is to make her your patron.

A gentleman accompanying his wife came into my office, who (he explained) he dared not trust alone, as she was subject to fainting spells. She had been under the care of D. B. (an Allopathic physician) for two years for aforesaid fainting spells, heart troubles, stomach troubles, etc.; had not improved in health, but got worse, and having heard of me, had brought his wife in. I gave a thorough and careful examination and questioned her closely, and said: "Madam, you have no organic disease, all your troubles are functional, and I therefore conclude there is something which is disturbing the nervous system. Did the doctor examine your womb?" She answered, "No, I'm all right there." Then I said, "If you are, there is nothing that I can do for you more than Dr. B. has done, but get onto that chair and if I am right in my diagnosis your husband can see it as well as I can; my conclusions are that the neck of the womb is in an ulcerated condition." She did so, and a little H<sub>2</sub>O<sub>2</sub> confirmed my diagnosis, and also the husband's confidence. The wife came for local treatments, got well, and has remained so ever since, some five years ago; but for my knowledge of Gynecology, I should not have gained that family.

The next case which occurs to my mind is that of a woman who menstruated at the age of 16 years, and married at 30, when her husband, who had been acquainted with my son in Benicia, Cal., brought her to me. During all that time between her commencement of menstruation and marriage, so she related to me, had been a succession of agonies; she menstruated every two or three weeks, and always had to take to her bed. Her words were,

"I felt I could kick a hole in the bed each and every time, so great were my agonies." I put her through the usual examination and found there existed a slight retro-flexion, and so-called ulceration of the cervix, and that her menstrual period either created or exaggerated neuralgic pains. My first efforts were to cure the glassy discharge which was evidence of a long-standing catarrhal condition; otherwise, she was healthy. Of course there was a septic condition surrounding the os and in the cervical canal. I then put the womb as straight as I could. I do not believe in pessaries, the cure being worse than the disease. I have found packing to be the best, if there is any best. I gave her a thorough curettage and uterine douche, with indicated Eclectic remedies, and the first time she menstruated, she had no warning of its approach and no pain in its continuance; but just a word of warning, every two to three weeks, she would send her husband into my office to say she was going to be unwell. I sent him back empty-handed, to tell her it was only symptoms of the years of pain those nerves had suffered and could not forget, but that it would wear out. It is now about six years since and she has been in perfect health ever since. They are now living in Cornwall, Cal., and her husband and two brothers have been to see me professionally for bronchial and stomach troubles several times, the brothers from Benici, the husband from Cornwall. Now, boys, suppose I had no knowledge or had paid but little attention to Gynecology; that family would not have rallied around me. Women talk, and the scale of your reputation goes up or down, either side they put in their weight, and don't you forget it; now the little fellow who has charge of the memory cells presents another case. He is very persistent and I cannot say him nay. He says, a woman was nearly carried into our office about ten years ago who had been refused any help by four prominent gynecologists, unless she consented to hysterectomy or at the best, high amputation of the cervix. She had been persuaded to apply to me as I was considered very conservative about operations. I examined her and should have said the same, but knowing that the four gynecologists whose height in medical and surgical proficiency overshadowed me so much in the mind of the laity that had I rendered the same decision I would lose the case. So I told her I thought I could cure her without an operation of so serious a nature. She had suffered for a long period from a stellate rupture of the os and its degenerating effects; locally I applied the indicated remedies, H<sub>2</sub>O<sub>2</sub> being my sheet anchor. I opened up the sulcus and applied eschorotics to the parts, to destroy any deep-seated germs, giving her occasionally Macajah's Wafers to insert at night and every other method which suggested itself to me at the time, and as I have no stereotyped pro-

cedure, I have forgotten just what they were. Anyhow, she got well, paid her bill, and has been a faithful patron ever since; why, she has been better than a newspaper advertisement, and has had perfect health so far as her reproductive organs are concerned. I could go on looking back into the long vista of over twenty years of active practice and call up many cases, but the chief aim of this paper will be accomplished if I only strengthen your desire to seek more gynecological cases, learn the symptoms, then looking confidently at your patient relate them to her and you will be astonished at her confidence in you. I've been asked many times: "Why, how do you know that?" I answer: "By the same token that the pianist knows the keys on the keyboard of a piano."

### **MEDICINAL PROPHYLAXIS.**

**By G. W. Harvey, M.D., Millville, Cal.**

(Continued from January Issue.)

If then, the manifold physiological activities of the normal healthy animal are operated and controlled by a fixed scale or gamut of subtle electrical units, why may not every phase of disease and pathological tissue change; every evil contagium be engendered and operated by a scale of pathological units, one electrical unit of which genders scarlet fever, another measles, a third smallpox, etc., etc.? This is certainly a much more reasonable theory than the one of the microbe origin of disease, for we already know that all the functions of life are operated from the brain centers by electrical impulses, and that throughout life there are pathological manifestations which must be the result of, at least a misapplication of these same electric nerve currents, and while the pathological manifestations may not be specific in their nature, it is but reasonable to suppose that a disease contagium of specific nature would operate in the same way as a non-specific disorder—by abnormal nerve action under the impress of pathological electrical units or charges that may be either begotten in the system or received into it from without. It has never been demonstrated yet that microbes infest the brain centers, therefore they must be excluded from the **possible causes** of diseased conditions.

Supposing now that we have established the fact in your mind that all pathological conditions are brought about and developed by electrical units or charges; that all disease whether specific or non-specific is but the pathological manifestation of the same force that normally dominates every action of the body, and furnishes the curative power to every medicine that we as physicians exhibit, then you are prepared to understand how it is that a medicine might possess the antidoting or prophy-

latic power over disease contagium, or for that matter, over any wrong of the system.

Medicines that are prophylactic or curative of any disease carry exactly the same positive charge; have the same valence of positive electric sub-molecules that is carried in the negative by the disease contagium or malady whichever it may be. The positive medicine being of the same valence as the negative disease meets and overcomes it by means of its attraction for it, so that an equilibrium is brought about in the system and the normal body processes establish themselves and continue on to resolution. Microbes can hardly operate through the nerves to influence any of the body processes, either normal or pathological, so that their only office really would be of a scavenger nature in assisting the removal of diseased tissue that can only result from a dyscasia of the controlling nerves.

Taking it for granted that we are now agreed upon the manner and method of the body processes in regard to nutrition, the action of disease and contagium, medicines and drugs in the system, and the principle or substance that begets and operates all normal and pathological conditions of the body, then, we will take up and consider some medicinal prophylactics that are already more or less well known and positive in their action as well as the great benefits to devolve upon humanity which will result from the widespread or universal use of **medicinal prophylactics**. The idea of drug prophylaxis is not a new one by any means, for it has long been fixed in the minds of the public and common people that such things as sulphur, asafetida, etc., and certain combinations of drugs and medicines whose combination and formulae I am ignorant of, possess, when worn about the person or taken inwardly, the power of warding off disease and protecting the person from contagious and infectious diseases.

And again were there not substantial reasons for supposing that medicinal prophylaxis were not only possible but extremely likely and probable in every contagious and infectious disease shown to the disciples of Esculapius, this effort would have remained a mental possibility in the mind of the writer, instead of being delivered a literary heir to the expectant medical profession of America.

In beginning our investigation of what is positively known in regard to the virtues of medicinal prophylactics, we will take up that dread disease of childhood—scarlet fever.

I believe it is generally acknowledged by the medical profession that scarlet fever or scarlatina is one of the most contagious, and at the same time the most tenacious in its hold upon the system of any of the contagious diseases. Its mortality record is from two to four times that of smallpox generally;

and where is the physician who would not gladly avail himself of the benefits of a positive and harmless prophylactic if he only knew of one?

-- That there is one, I can attest after almost ten years use of it in an active medical practice in several cities and territories of the United States. I am not alone in this either, for there are thousands of Eclectic and Homeopathic physicians in this and other countries who can and will attest to the same positive results. In fact it is a matter of record in most Eclectic and Homeopathic books published upon subjects dealing with the uses and actions of medicines, and has been for near half a century, that very small doses of a **reliable preparation of belladonna is prophylactic against scarlet fever**. In my private practice I never isolate nor quarantine any of the members of a family where I have a scarlet fever patient, but allow them to mingle as freely together as they choose, providing that they will take a teaspoonful of water from a glass, into which I have dropped five or six drops of belladonna two or three times a day, and in all my professional life I have not had a second case of the disease in any family. In the very small dose as belladonna is given for its prophylactic properties it is certainly harmless and positively prevents the occurrence of the disease, both in its prodromal and subsequent stages, which is a thousand fold more than can be said of the protective properties of any vaccine or serum. We can suppose that the action of the belladonna upon the contagium of the scarlet fever is possible only upon dilution to a point where its positive sub-molecules can combine with the negative sub-molecules of the contagium, thereby equalizing and aborting the disease completely and totally.

We will now take up smallpox, which is perhaps the most widely distributed and deadly epidemic contagious disease that we have. Personally I have had no experience with this disease further than being thirty days on board a ship where it was prevalent, and will therefore have to give you my gleanings from sources which I deem authentic and reliable.

For a hundred years we have been following Jenner and have vaccinated far and wide until the practice has become almost universal and yet after all these years we are compelled to acknowledge that vaccination is not a perfect prophylactic, neither is it devoid of danger, for there are many cases on record where vaccination from some cause was most disastrous in its consequences, and there are not a few among physicians of all schools who denounce the practice as criminal, while there are thousands of the intelligent laity who denounce it and refuse to be either vaccinated or allow their children to be. And with this widespread opposition against vaccination among all

classes and professions it behooves us as physicians to be on the lookout for a prophylactic among our medicines that will prove both as safe and as efficient as belladonna has proven to be in scarlet fever.

I am positive that such a remedy or remedies does exist, and that they have been pointed out from time to time by progressive and successful physicians, but the medical profession have failed to recognize them as such and prove them beyond a doubt. The different schools of medicine have all given us something on the line of prophylactics, which had we followed up assiduously might have ere this been of much more worth to the profession than vaccination. From the Allopathic school we have received the combination of sulphate of zinc and digitalis as a prophylactic and cure of smallpox. This remedy has been used by a few physicians of all schools, and where tested has, according to written reports accomplished all that could be wished, both in preventing and curing the disease.

In the Eclectic school we have been given sarracenia, whose record comes down to us bearing the laurels of victory over smallpox, more as a positive remedy in the cure of the disease, than as a prophylactic, and yet the latter virtue has been ascribed to it in more than one instance.

In the Homeopathic school we have been given thuja, vinegar and more particularly melandrinum, whose positive virtues as a prophylactic both against smallpox and vaccine virus, and as a curative remedy in all stages of development of the diseases has been widely extolled by a few progressive men among them. How much more elegant, pleasant and scientific is this method of preventing and curing smallpox, than is the barbarous, and negative Listerian method of vaccination which is nothing more than taking disease from one animal and transferring it to another.

When it comes to diphtheria we find the Eclectics using echafolta with success as a prophylactic and curative medicine, while the Homeopaths use apis or lachesis, and claim positive results, and in the same conditions we find the Allopathic physician swearing by the virtues of antitoxin as a prophylactic and curative remedy. Personally I attribute positive prophylactic properties to the mild fumes of sulphur disseminated throughout the house in this dread disease, and under its influence have yet to see a second case of diphtheria develop in the same family, no matter how freely they may have mingled together. Tonsillitis is readily aborted and cured with a few grains of pure salicylate of soda in half a glass of water and a teaspoonful given every hour or two, so that it may be said to be prophylactic against this distressing disorder.

In speaking of measles, I have only my own experience to

offer, which is as follows: In a child three years, the mother gave bryonia 6x where all the prodromal symptoms were thoroughly well developed, with the result that the disease symptoms entirely disappeared and the child recovered without a sign of the rash. I am positive that it was measles in this case from the fact that two older sisters in the same family were just recovering from the measles when this happened. I might add that the bryonia was given by mistake. Since then I have had no further opportunity to test the remedy in measles, but am persuaded from this accident that in the very small dose it will prove to be as much of a prophylactic certainty in measles as belladonna has proven to be in scarlet fever.

Yellow fever is prevented by the use of salicylic acid and from more recent investigations arsenicum in the 3x dilution seems to be the specific prophylactic for this wholesale destroyer.

Whooping cough is prevented by the daily use of minute doses of pulsatilla. Malaria is prevented and the patient made immune in any climate by the use of arsenicum iodide 2x. The prophylactic for cholera is cupric arsenite in doses of 1-1000 of a grain, or more recently the acalypha betulina of India, which is being used with gratifying success by a few physicians of that country, and so we may go on through the list where we will find mention made by careful and honest physicians from time to time of medicines that exercise the office of a protectorate in our bodies and either destroy or equalize the sub-molecules of disease contagions by their mere presence in the system.

With a better understanding of the physiological action of disease, food and medicines in the corporate body we can the more readily think out the cause of things, and will for that reason if for no other, study more carefully the subtle action of the remedies which we daily exhibit.

According to eductions previously set forth in this article all contagious and infectious diseases are caused by subtle electrical negative sub-molecules that float about in the air, adhere to our clothing or person or other material, or lodge in our food and water and obtain entrance to the system through the respiratory or deglutory tracts, setting up their evil action in our bodies by generating an abnormal activity of certain tissues of the system through the nerve impulse begotten by the union of the sub-molecule of disease with a normal, positive sub-molecule inherent in the controlling brain center or centers. So that disease contagium is, according to the best evidence obtainable, a negative charge of electricity borne about the earth by a sub-molecule of matter of such minute dimensions that with our present means of physical and chemical research we cannot detect it, and the only evidence that we have of it is the physiological disturbances seen in the body under the action of con-

tagion and infection poisons. This, then, being the cause of disease, it follows without saying that a curative or prophylactic remedy would be like unto it, that is, if we could select a medicine whose positive sub-molecules were the exact equal in valence of the disease negative sub-molecule and give it in the proper attenuation to our patients, it would equalize or nullify the action of the disease sub-molecule perfectly without any disturbance whatever to the patient. It would prove curative in the same manner; that is by uniting with and equalizing the disease sub-molecule or its offspring—other molecules that may have become affected by it.

Before leaving the subject of diseases, contagions, prophylactics and medicines, we will take up one disease for which no prophylactic medicine will ever be found, and this is tuberculosis. Consumption is neither contagious nor infectious in the ordinary sense of the word. It is, properly speaking, a disease of inanition or starvation, and must be combatted with a food instead of a medicine. This food we have in pure olive oil, which promotes a normal action of the liver, liquifying the cholesterine and supplying the fatty acids necessary for perfect assimilation and nutrition of the body so that consumption is no longer possible since the waste is supplied, and so long as the oil is continued in sufficient quantities the body is fortified and proof against the disease. Improper or insufficient food, foul air and lack of wholesome exercise in the open air and sunshine tend to nullify normal assimilation—and the fatty food elements that should be used in the system to build up normal tissue are retrograded into waste products and the body is robbed of some of its normal vivifying adipose elements until resistance is below the self-protective point and the omnifarious microbes which are prevalent everywhere in the atmosphere infest the lung tissue and multiply in the capacity of scavengers, not unlike maggots in a carcass.

Consumption is at this stage thoroughly established in the system and the power to assimilate food fats is beginning to be lost in a large measure and the patient goes slowly but surely down in the scale of nutrition until he is literally consumed by the disease.

In conjunction with pure olive oil the most certain prophylactic and positive cure for tuberculosis is abundant exercise in cold dry air. In cold dry air the nutrient and anabolic element, nitrogen, is practically pure and decidedly vivifying, while the waste removing element, oxygen, is also pure and much more active in its office as garbage gatherer, than it is when moist, warm and vitiated with a small percentage of carbonic acid gas as we find it in warm low latitudes. Contrary to general belief, nitrogen instead of oxygen is the most essential element in

either food or air. Nitrogen is the basic element of all life and force, while oxygen is the active combining element of physical life. Nitrogen is stable, rebuilding and full of force and energy, while oxygen is fickle, combining with other elements readily and constantly changing from one thing to another. The nitrogen of the air enters freely into the circulation and solid tissues of the body, stimulates allotropic tissue and food changes, gives new life and force to the body and promotes a more perfect assimilation of fats, which will of itself stay the ravages of consumption, and conduces to a more active and efficient retrograde metamorphosis and elimination of waste products. Oxygen is simply an assistant—I am talking of the free gases as they exist in the air—of nitrogen, being carried along by it for no other purpose than a mere servant to clean up and carry off the rubbish made by the system in its multifarious operations. Oxygen only goes into the hall, as it were, while nitrogen passes on to the most distant recess of the body. Oxygen enters free into the lungs, combines with one and one-half times its own weight of carbon and immediately comes out again, while nitrogen goes on through the system a master in his own tenement. Oxygen in its free state is nothing if not a garbage gatherer. It is the ash man of the system, continually removing the ashes—carbonic acid gas—that accumulates from the retrograde metamorphosis and dissolution of tissue, food and mineral substances in our bodies, and in its labors goes no further than the lungs, for they really are the ash pit where all the waste of the body is brought by the veins, and its office of removing the carbonic waste from the venous blood once accomplished, its work is done in the animal system and its next labor is to deliver its load of carbon to some plant when it again becomes free and at liberty to accompany its master, nitrogen, into the lungs for another load of carbon.

Now the more pure cold air that we respire the more life we will have, because of the increased amount of nitrogen taken into the system, and the more pure air respired the better life we will have because of the abundance of oxygen taken into our lungs, which removes the impurities and waste from our blood and leaves us the more nearly in perfect health just in proportion as the waste is carried off. Viewed from this standpoint, a prophylactic and cure for tuberculosis is easily within the bounds of probability, since the treatment is not only rational but physiological as well, and with these comments upon the "great white plague," we will return to the preceding subject.

Close investigation along physiological lines of all the plant medicines in our medical armamentarium will, I am persuaded, develop medicines that will cure every curable pathological manifestation in any organ or tissue of the human body. We are already doing miracles along this line with single specific

medicines as we please to call them. When a patient comes to us covered with warts we give him small doses of thuja or magnes. sulph., knowing that if he is faithful in taking the medicine that the warts will disappear in a reasonable time. When a patient comes with a non-malignant papiloma strutting the eye-lid, singly or in numbers, we give him staphysagria in minute doses, knowing that the papiloma will certainly disappear if a few weeks time be given it, without the use of either knife or cautery, to the patient's astonishment, and our satisfaction. When a woman comes to us with a tumor in the breast which has not positively developed into a cancer, we prescribe phytolacca, or fluoride of calcium in the minute dose, as the tumor is either doughy or stony hard, and have the satisfaction of seeing it gradually disappear, to the astonishment of the surgeon who said that it "could not be removed save by the surgeon's knife." When we have a serious case of peritonitis and inflammatory exudates are being thrown out until the bowels are in danger of uniting into a solid mass, we give minute doses of chloride of potash and save our patient with the same certainty that we would move the bowels with a cathartic medicine. When a mother brings her child to us with enlarged tonsils, we do not immediately take our tonsilotome and cut them out, but we prescribe small doses of the phosphate or brown iodide of lime and watch them reduce to normal under nature's own efforts. When we are called to a case of quinsy, where there is threatened suppuration, we do not lance them at once, but give small doses of the natural soda salicylate and stop all pathological disturbance in a few hours time, providing we have begun the administration of the remedy in time. When a fond father brings his heir apparent to us with a cold that lasts from January to July, we do not load him up with sprays and atomizers, but give him a bottle of the third decimal tablets of kali sulph. with the proper directions, and the next time we see Johnny his nose is as clean as anybody could wish. When we are called to a patient as yellow as saffron, we administer chionanthus in fractional doses with the certainty that the trouble will be over in a few days. If the jaundice is from gall stones we give liberal doses of pure olive oil and wrest the case out of the hands of the surgeon in a very short while, with almost as much certainty and much more satisfaction to the patient. When a patient comes to us with the limbs covered with hard knotted and twisted veins, the result of portal stasis, we administer carduus marianna in fractional doses and see him improve until not a vein is in sight.

These are but a few of the certainties in medicine, and without an exception they are prophylactics in the highest sense, for given before the diseases for which they are men-

tioned have seated themselves in the system and they will prevent them entirely.

The prophylactic and curative possibilities of a given medicine are always superior to the pathological possibilities of the disease contagium in the human system, as we have abundant evidence, for who has not seen a patient in the last stages of some lethal distemper, rally and come back to life under the kindly action of some potent, God-given plant medicine? The Creator in His omniscient wisdom has placed the herbs and plants about us in the ascendancy over any disease contagium, that we may stay the fell destroyer, and it is a fact beyond cavil, that the aborigines, the heathen races lowest in the scale of progressive intelligence, are the only people who have ever discovered the curative properties of any plant medicine, the only people who have ever manifested any intelligence in applying curative medicines to disease conditions. The only claim that the intelligent physician of today has in the priority of the discovery of any curative medicine is, that he discovered it in use by some Indian, Hottentot, or lay member of society. These remarks apply only to the physiological plant remedies, for the civilized physician, or rather chemist, has brought out a multitude of alkaloids and coal tar remedies, that are always inferior to the God-given whole plant medicines, when you know how, where and when to use them, that the aborigines have left us. If I had the money of a Carnegie or a Rockefeller I would enlist a few dozen intelligent physicians of the Eclectic and Homeopathic schools to travel among the aborigines and backwoods people for no other reason than to discover what they used for medicine in the treatment of diseases. There are many things yet to be learned from them.

The efficiency of every plant in the earth no matter what its nature, is little dreamed of by most of us, and our mission should be to test them, to disassociate their food and medicinal molecules and test them as curative agents in disease as the aborigines must have done, else how did they learn their virtues?

The conviction that among our plants is a remedy that is prophylactic and curative to every disease of the human body was driven home with terrible force a few years ago, when two of us, well posted, up-to-date physicians stood aside with our modern instruments and medicines in a hopeless case of tetanus, and saw an ignorant Mexican woman administer a single plant remedy which relaxed the set jaws and muscular spasms and restored the patient to his weeping family. When the medical profession turn their attention toward the discovery of single, potent, yet harmless plant medicines as prophylactics in disease conditions then will there be progress in medicine.

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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## JUST AHEAD!

As we endeavor to peer into the future we are reminded of a certain Paul who said: "Now we see as through a glass darkly, but then we shall see face to face."

A striking and probably original manner of expressing a very old truth. But however obscure the future may be, it is a fact that coming events cast their shadows before; and the real difficulty lies in giving a proper interpretation thereof. For be it known that the shadow of a horse does not look very much like a real horse nor does the shadow of a tree look very much like a real tree. Nevertheless we personally have quite definite ideas as to whither the present trend in medical matters will lead us; and these views we have set forth before as occasion offered. Therefore it is with some measure of satisfaction that we note that there are those even among our "regular friends" who hold like views on some matters of importance to medical men. The reader will find much of interest in the thoughts expressed in the two editorials appended. It is also of importance to note the prominence of these two dissenters from the "regular" program.

**MEDICAL TYRANNY.**

The friends of medical freedom will do well to carefully scrutinize a bill which, it is said, will be presented to the legislature now in session at Sacramento. This bill seeks to establish a department of health for the public schools of California and undoubtedly is an offspring of the effort of the American Medical Association at Washington to establish a national bureau of health, a movement which is being strenuously combatted by the National League for Medical Freedom. That these efforts are not in keeping with American institutions is self evident. In a land that guarantees to its citizens political and religious liberty, there must also be medical liberty, the right of the individual to choose his own method of treatment.

If any one school of medicine had proven itself infallible and its system an exact science, there might be a reason for seeking control in health matters. Leading medical men frankly admit that medicine is not a science but almost wholly experimental. In view of this it would greatly hamper progress in the art of healing to discriminate against any of the newer schools which have made such rapid advance in the last few years and this in the face of opposition on the part of the so-called regular school. In this connection may be recalled the great struggle and persecution which homeopathy passed through, until today it is largely forgiven and adopted.

Homeopathy, osteopathy, eclecticism, naturopathy, the mental schools and others are united in opposing this medical legislation and they have the support of thousands of intelligent, tolerant citizens who believe that state medicine would be fully as obnoxious as state religion. The present effort to repeal the compulsory vaccination act recalls the fact that in having such a law on our statute books we are a half century behind the times. Conservative England, after 45 years of experience with a similar law, repealed it. This is as it should be and in line with medical freedom. The individual should have the right to decide whether he desires or not to have his children vaccinated.

As the matter now stands a parent who does not wish his children vaccinated cannot send them to the public school, notwithstanding the fact that he is paying taxes for its support. This is manifestly unjust, un-American and despotic.

If all medical authorities were agreed that vaccination is desirable and if it had been or could be proved that this treatment prevented smallpox, there might be some reason for requiring all to be vaccinated. But just the contrary is true. Eminent medical men are absolutely opposed to vaccination and careful investigation shows that the decrease in smallpox

is not due to vaccination but to proper sanitation and segregation.

This assertion has its proof in the experience of the English city of Leicester, with a resident population of 250,000. This city at one time was the most completely vaccinated town in the British kingdom. At one time 95 per cent of the births were satisfactorily vaccinated. During this period Leicester was attacked with a severe epidemic of smallpox, resulting in 1871 of a death rate of nearly 900 deaths. The result of this great mortality caused the citizens of Leicester to refuse vaccination until in 1895 the records show only 3 per cent vaccinated. From the time of Leicester's rejection of vaccination no other town in the British kingdom has had so low a mortality from smallpox.

The foregoing significant facts are quoted from an interesting article on the subject of vaccination by J. W. Hodge, M. D., in the January Twentieth Century Magazine. In corroboration of Dr. Hodge's statement, Dr. Hensal, a German army surgeon, says: "I was on duty in Strassburg and over 2000 cases of smallpox were in the pest house. Everyone had been vaccinated but three months before for the third time."

Dr. A. Vogt, Verne University, says: "After collecting the particulars of 400,000 cases of smallpox, I am compelled to admit that my belief in vaccination is absolutely destroyed." By what right does the state force vaccination with its frequent disastrous results on the child, when the parents do not wish it?

It has been aptly said that if there is anything in vaccination then those who are vaccinated have nothing to fear from the unvaccinated.

The state has no more right to dictate the kind of medical treatment the individual shall have than it has to dictate the religious belief he shall embrace. Indeed there are those who believe in the power of prayer to heal disease. Shall they be denied the privilege of relying upon God to cure their ills and be forced to take a method of treatment they do not believe in? Shall the aid of the law be granted to a small minority of our citizens to force their opinions and beliefs upon the large majority of intelligent men and women who do not agree with them? No! Free America has rejected state religion and she will also reject state medicine.

The Express is not recommending any particular school of healing, but in line with its policy of fair play it unequivocally stands for individual freedom in politics, religion and medicine. —Editorial from Los Angeles Express.

### ARBITRARY STANDARDS IN MEDICAL EDUCATION.

For a number of years now legislation and the other agencies which control the requirements for the license to practise medicine have been urging us on toward a condition of things which is generally contemplated with pride, but which may have its disadvantages. It has been growing harder and harder to gain admission into the medical profession with a promising status. One result of this increased difficulty is that the number of students of medicine has been decidedly reduced, with an incipient reduction of the general body of physicians. This in itself is by no means to be regretted, but it is to be feared that our constantly increasing requirements, particularly the requirements for admission to the medical school, are actually barring out young men who, even without the amount of collegiate or academic training required, might add lustre to the medicine of the present day. We should not plume ourselves on piling up difficulties in the way of such men. We fear that the law of supply and demand is in great danger of being lost sight of. We are not advocating a return to the slipshod methods, or lack of method, of the distant past, but we believe that there is danger of overdoing a good work, of putting the bars up too high, and we feel that no unnecessary restriction should be put upon entrance into the medical profession.—Ed. New York Med. Jour.

### THE VALUE OF DRUGS.

Healing cults rise one after another, some to attain vogue for a little space and to die, some to make a more enduring impression. That they arise and that some of them endure is testimony that they meet some need of modern life. Healing cults, proprietary remedies, patent medicines. In spite of increasing intelligence throughout the land and in spite of well organized opposition from the medical profession, osteopathy, naturopathy and Christian science do not recede in influence and the jingling streams of gold flow in ever increasing volume to the coffers of Viavi and Cardui. That these things are true is certain evidence that medicine is not fulfilling all its true functions; that the medical man is not "delivering the goods." In our enthusiasm for the Science of medicine we are apt to forget that the end and aim of our profession is to relieve suffering and to master the art of healing.

John Smith, in distress and therefore unable to feed his children, wants quick relief from pain and rapid return to earning capacity, so he summons a doctor; but from his doctor he wants more than this, he wants insight, an instant appraise-

ment of the particular moral and psychic problems that John Smith's illness brings to him. He demands a medical handicraftsman, one skilled in the art of relief, that art to which scientists working in the laboratory or in the clinic have brought so many new facts that it is today twofold more powerful than it was a decade ago.

There is no more curious fact to be noted in medicine than that during the very period of cult expansion and expansion of proprietary and patent remedies, the therapeutic nihilist has arisen and waxed mightily in the profession. He has gained so much influence that a large proportion of our younger men consider it quite the thing to disavow a belief in the efficacy of drugs. They are ill-taught in clinical therapeutics, for this branch has little place in the curricula of our schools, and the result is that after a few months' practice they resort to the wide-spreading blunderbusses the detail man leaves on the office table; that is one result; and the weaning away of patients who flock to support this or that, of the so-called health movements, is another.

Therapeutic nihilism, indeed. Let one who disbelieves in the efficacy of drugs watch beside the bed of a loved one racked and torn with pain and there learn the blessing that a wisely administered injection of morphine may become, or let him see the waterlogged, shapeless body of a father or brother grow shapely and fair again under the magic of digitalis or diuretin, or see a dull, mindless cretin, born to some of his own, by virtue of thyroid extract, become an active, normal child. Let him see these things and a hundred more that drugs can do; let him learn what drugs have done; let him master his pharmacopeia and his clinical therapeutics, and soon health cults and vendors' cures will die out and cease.—L. P. in Calif. State Jour. of Med.

### BRER FOX AND BRER RABBIT.

Every careful observer of medical tactics during the last twenty years must be reminded of Uncle Remus' famous production of the fox and rabbit with which we are all familiar. No introduction of the characters is necessary. Brer Fox has always been exceedingly jealous of Brer Rabbit and has tried in every possible way to dispose of him. Years ago no attempt was made to conceal the fact. Brer Fox refused to meet Brer Rabbit in professional consultations and denied the right of fellowship to those who did; but Brer Rabbit got along remarkably well without him and seemed to thrive upon persecutions. Later on Brer Fox "he got he eye open" and proceeded to change his tactics. Brer Rabbit has no longer any fear of open com-

bat with Brer Fox, but the old spirit of jealousy and distrust between them is not dead. Diplomacy has taken the place of personal abuse and is much harder to meet.

The American people are so distinctly a law abiding people, that whenever one wishes to do a really nice job of professional butchery he goes to the legislature and gets some law enacted that will do the trick while he parades before the people as a great benefactor. It was in this disguise that Brer Fox conceived the idea of gaining complete control over medical affairs in this country by compelling every physician to be passed upon and granted a license to practice, by a board of Brer Fox's own choosing.

The scheme would have worked beautifully had nobody but foxes been allowed upon the board. But a generous and fair-minded public said: "Rabbits have just as good rights in this briar patch as foxes and, if license boards exist rabbits shall be represented upon them."

Brer Fox has been kicking himself ever since this registration law went into effect and trying to work some reciprocity dodge between the different states to help him get his tail out of the trap. But this is a secret, which he would not acknowledge even to his own family. Registration did not legislate Brer Rabbit out of existence for Brer Rabbit could pass just as stiff an examination as Brer Fox could.

Next came the scheme of Brer Fox to destroy Brer Rabbit by benevolent assimilation. "What's the use, Brer Rabbit," says Brer Fox, "of you parading as a Cotton-tail? You look like a fox; you act like a fox; and you smell like a fox; if you would just trim down your ears a bit so people won't call you a rabbit, you can go on foraging expeditions along with us and have a great time. How the quacks would disappear if we could get after them together! How the various rubbers and mental healers would rave if we could make them all strip off for a medical examination! Pathology and diagnosis are all there is to the practice of medicine. We don't care what drugs you use, or how you use them, so long as you keep still about it. Just say you don't follow any 'exclusive dogma' and we'll take you all in. The gates of Janus, wide open for a hundred years, shall be closed in peace forever. Let bygones be bygones! Join the great American Association of Foxes and forget that old bell-wether, Samuel Hahnemann, ever existed."

But Brer Rabbit he lay low and just sniffs at the bait without touching it. His past experiences with Brer Fox make him hesitate and he raises the question why this change from gall to sweetness? Has Brer Fox undergone a change of heart or is it a change of diet he is after? If Brer Fox really wishes to know the secret of Brer Rabbit's success in practice why doesn't he

join the society of cotton-tails and find out? When Brer Fox invites Brer Rabbit to dine he ought to specify who is expected to furnish the dessert; and while Brer Rabbit hesitates to come in Brer Fox evolves another proposition: "Did you know, Brer Rabbit," says Brer Fox, "that this government cares more about its dumb cattle than it does about its intelligent citizens? That it spends more money every year for the preservation of its forests than it does for the protection of its people? One-half of the deaths that occur in this country might be prevented by law, if we had the power to do it! What we need, Brer Rabbit, is a great Department of Public Health with a wise old fox at the head of it who should have absolute authority to do anything he pleased in sanitary affairs. And it is coming, too, Brer Rabbit; I've got a committee of one hundred picked men already appointed to look after this very thing, and lobby it through Congress, and any candidate who won't square himself with this committee will find himself short when the votes are counted. Won't you take hold, Brer Rabbit, and help pass the Owen Bill for the sake of the dear people we love so much?"

And Brer Rabbit he wink he eye and says: "Where do I come in?" And Brer Fox says: "Don't ask such fool questions! There'll be a lemon for every cotton-tail who deserves it." But Brer Rabbit says: "I'm mighty fond of lemons, Brer Fox, but one kind of hankers for a mixed diet after awhile. Brer Hawk-eye, of the National League for Medical Freedom, says this Owen Bill is just a coy-pigeon to fool the people while Brer Fox bags the game, and I guess he is about right. This country has stood it all right for the last hundred years without a Department of Health and I reckon it will go a little longer. Did you ever hear of Ananias, Brer Fox? Well, there's something about you that reminds me of him." But Brer Fox just growled and said he rather belong to the Ananias Club than be a fool cotton-tail. Foxes were good enough for him but foxes sometimes got into a corner and needed a little help; and so Brer Fox was mighty glad when Brer Weasel, of the Carnegie Foundation, came along and offered to ferret out the whole business. Brer Weasel had a sharp nose and a rubber neck and he could squeeze through the smallest hole of any bloodsucker in existence. After peeking into every Fox hole and Rabbit's nest in the whole of Uncle Sam's briar patch, Brer Weasel comes out and says: "This country has more foxes and rabbits now than it has any use for. Brer Fox has got more skeletons and culture tubes twice over than Brer Rabbit has, and you can't be wise and foxy without these things to study. "My advice is," says Brer Weasel, "to wipe out the whole settlement of foxes and rabbits, save a few old fox holes that have a subway to some fat chicken roost. If you want

to know what a fox or rabbit is going to be good for, you must count the bones he had to gnaw on while he was cutting his teeth. Brer Rabbit spends too much time hunting wild flowers. Drugs are of no use as medicines. All a doctor is good for is to find out the disease and an autopsy is the only sure way to do it. Brer Fox is great on autopsies and we need a few fellows like him to sign our death certificates. Enough is as good as a feast. All the rest had better go." And Brer Fox sheds a few tears and says: "Sorry for you, Brer Rabbit, but we must both try to be resigned. Brer Weasel is a great ferret and knows just what is best for the whole community. You have had your day, Brer Rabbit, better take a whiff of chloroform and pass out."

And thus the play goes merrily on. Brer Fox still arrogates to himself the sum total of medical knowledge and Brer Rabbit claims a legal right to exist. Brer Fox couldn't get rid of Brer Rabbit by brute force. He tried the medical registration dodge, but Brer Rabbit remained unharmed; then came the spider and fly performance of inviting Brer Rabbit to dinner, but Brer Rabbit preferred to dine alone. Next came the Committee of One Hundred, representing the American Health League, seeking to gratify its lust for power by federal support. Lastly came Brer Weasel of the Carnegie Foundation acting as a "disinterested third party" in this confidence game that is being played, but the end is not yet. Brer Rabbit declines to accept the findings of Brer Weasel as final and stubbornly contends that the supreme test of a physician's fitness to practice medicine must be determined at the bedside and that the best endowment a medical college can possibly have is the custody of a great and beneficent law for the cure of disease and the self-sacrificing labors of a few consecrated souls who have grasped the significance of the law and live to impart it to others.

For further developments in this episode of Brer Fox and Brer Rabbit see current medical literature and the official communications of the American Health League, with explanatory notes and comments thereon by Brer Hawkeye of the National League for Medical Freedom. At present—"Dat's all de fur de tale goes."—Ex.

### SOCIETY CALENDAR.

National Eclectic Medical Association meets in Louisville, Ky., June 20, 21, 22, 23, 1911. Dr. J. A. Munk, Los Angeles, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May 23, 24 and 25, 1911. John Fearn, M. D., Oakland, Cal., President; J. Park Dougall, M. D., Douglas Bldg., Los Angeles, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles on May 10, 1910. A. P. Baird, M. D., Los Angeles, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. J. F. Barbrick, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

### THE NATIONAL MEETING.

Time flies rapidly and next June will soon be here. It is a subject that calls for glad anticipation as well as for serious thought. Eclectics everywhere should hail with joy the time for the annual return of our National Convention. It gives us the opportunity to meet our friends again who come from distant parts and to cultivate friendship and good fellowship. Of course all of us are going to be at the meeting this year and have the time of our lives. If each and all of us contributes something to the interest of the meeting, if it is only by our presence, nothing can prevent us from having a good time. If any one is in doubt about going, let him think the matter over now and settle the question at once by deciding in the affirmative. Louisville, Kentucky, is the place of meeting, which is centrally located and should draw a big crowd. After having returned home from the meeting, you will doubtless feel well repaid for making the trip; and, having once made a start and commenced going, you will be apt to get the habit and keep on going every year, which is a consummation devoutly to be wished.

This is also a good time to think about how you stand with the National financially, whether your dues are paid up or you are in arrears. Under the new rule of reorganization all members of the several State Societies must also become members of the National Association. If you are in doubt as to your status, you should get busy at once and write to the Secretary of your State Society for information and rectify any delinquency that may exist. The combined dues of both the State and National Societies for the year are not much, being only \$4.00, yet in the aggregate the amount is of incalculable value to Eclecticism to help pay for publicity and to meet current expenses. The help of every man is needed on this proposition and it is not a time for standing aloof. If you are already a member, well and good, for you have done your duty nobly. If you are in arrears for the non-payment of dues, you should lose no time in getting yourself square with the Secretary. If you are not a member, now is a good time to send in your name and application for mem-

bership. Let us all stand united and pull together for the good of Eclecticism. A hint to the wise is sufficient; and now is the time to act.

J. A. MUNK.

### NEWS ITEMS

Dr. J. B. Sands, Venice, has returned from New York, at which place he took post-graduate work.

Dr. E. P. Bailey, Long Beach, has returned from a three months' post-graduate course in the Clinics of Chicago.

Dr. A. E. Scott, San Francisco, spent a week in the city recently, having been called here owing to the illness of his daughter.

Dr. H. L. Wells, formerly of Eureka, Humboldt County, Cal., has come to Los Angeles to reside.

Dr. L. B. Weatherbee is doing a splendid business at Forest-hill, Cal. He has been located there less than one year but "struck it rich."

Drs. Webster and Munk took a trip to Laurel Canyon by trolley car six miles west of town, one afternoon recently, to see if they could find any native medical plants. They found two such plants growing on a hillside, the *Rhamnus Californica* and a variety of fragrant sumach.

From the daily press we understand that Senator Hurd is preparing a bill for introduction before the present legislature which "will legislate out of office the existing State Board of Examiners and provide for a new one in its place."

Dr. G. W. Harvey, Millville, has moved to Big Pine, owing to the health of his daughter. He writes that there is a fine location in Millville for an Eclectic.

Dr. Van Male, Challenge, has been elected County Physician of Yuba county. He leaves a good location, the nearest doctor being eighteen miles distant. The Doctor would introduce an Eclectic. Nothing to sell.

Dr. E. R. Harvey, Long Beach, has been very ill with an infected hand. Starting with an insignificant abrasion, an infection took place which caused the doctor much suffering. He has quite recovered at this writing.

### COLLEGE NEWS.

J. F. BARBRICK, M.D.

The best Christmas present we know of any one connected with the C. E. M. C. receiving thus far was the message received by Doctor Newton, C. E. M. C., '10, the day before Christmas notifying him that he had successfully passed the State Board

exam. Good luck to you, "Newt." We hope you will have so much success the coming year that you can afford to put a gold frame around it.

And now boys, to the grind. Think no more of the joys that have gone but of the pleasures that are to come. Think of the "exhilarations" of Special Therapeutics at 7:30; the "Bewilderments" of Anatomy at 8:00; the "Grandeurs" of Physiology and Histology at 9:00 and 10:00; the "Miracles" of Practice at 11:00; the "Wonders" of Chemistry at 12:00; the "Satisfactions" of lunch at 1:00; the "Mysteries" of Bacteriology at 2:00; the "Uplifting influences" of dissection and "tonic and stimulating effects" of Materia Medica at 4:00; the "beauties" of Physical Diagnosis and "aesthetic aspects" of Gynecology at 5:00; with the "Technique" of Surgery, the "noise" of Electrotherapeutics, the "rapidity" of minor surgery and bandaging, the "comforts" of Dietetics; the "mixtures" of Pharmacy; the "degenerations" of Pathology; the "awe" of Obstetrics; the "sadness and responsibilities" of the Clinics, and a few other good things thrown in for good measure, and for pity's sake who would look back or what more would you want. Brace up, boys, it'll all be over by June, and in the meantime take it from me, you'll get all that's coming to you.

The event of the holidays was the Faculty Ball, which came off Thursday December 22, and was a most entertaining and pleasant occasion. The attendance was large, although the late change of date prevented some of the out-of-town members from being present.

The College Assembly Hall was charmingly decorated by the committee under supervision of Mrs. Ring and Mrs. Young, dainty effects being arranged by the intertwining of paper boughs, poinsettias, geraniums, streamers of college colors and pennants, etc., the stage being most artistically banked with crimson geraniums. The programme was splendidly arranged by Mrs. De Monco, and consisted of an entertainment first part, and dancing, second part. The entertainment was certainly a winner, the operatic vocal selections rendered by Prof. De Monco and the comedy sketch given by our grand old Dean, Prof. Munk, opening the eyes of the boys to the fact that their faculty can do things as well as teach. The George Bernard Shaw aphorism, "Those who can, do; those who can't, teach," does not apply to the faculty of the C. E. M. C. After the entertainment, it was "on with the dance," and the light fantastic was tripped by old and young until the midnight hour. Nor were refreshments forgotten. The excellent fruit punch, substantial sandwiches, with the lighter "sweeties" as trimmings, provided by Mrs. Welbourn and Mrs. Barbrick and served by their maids daintily ar-

rayed in white, were enjoyed by all who sampled them and we surely all sampled them, for the janitor says, after the Faculty Ball, "the crumbs from the Master's table" were few. It certainly was a social success and a very enjoyable affair.

One of the most pleasant occasions of the school year thus far was given in the College Auditorium by the Westlake Hospital Training School, on New Year's Eve. The nurses and their friends and the faculty and students of the C. E. M. C. gathered together on that evening with the determination to close the old year in a jolly good fashion and get a good start for the new year.

The artistic decorations were deserving of special mention. As a nurse's success depends a good deal on her ability to please and make comfortable her patients, the girls certainly showed their ability along this line by the mild, soothing, pleasing and tasty decorations which they used to charm their guests.

Around the stage were banked fir boughs and ferns of a mild green hue, while around the walls and ceiling were streamers of red and white crepe paper, draped in graceful and fantastic loops over their school pennants. Over the electric globes had been placed red crepe paper which cast a soothing light over the whole scheme, which gave the suggestion of a bower in fairyland.

A goodly number were in attendance and the evening was enjoyably spent by every individual until the noise from without announced the arrival of the New Year.

The nurses showed their proficiency in meeting the patients' dietary requirements by serving cake, candies and punch of their own making.

Professor (in Chemistry): "Treat methyl chlorid with silver hydroxide and we get methyl alcohol."

Scholar: "Professor, what becomes of the silver?"

Prof.: "I don't care about the silver; what I want now is the alcohol."

Prof. (in Chemistry, explaining the appearance of different animal fats): "Then we have tallow, lard, etc."

Student: "Then the human has tallow, hasn't he?"

Prof: "We would hardly call it lard, would we?"

Student: "Some people are hoggish enough to have lard in them."

Following are some of the New Year's resolutions made for 1911: Resolved by Roath, '11, "to make 'Bill' an Eclectic Doctor;" Reinschmidt, '11, "to make the State Board or bust;" Ervin, '12, "to keep v-e-r-y busy;" Cox, '13, "to keep well."

Knowing how very nice the nurses are, we wonder how long he'll keep it. Stammers, '13, "to take cactus until his heart is strong enough for exams if it takes the whole year;" Kurpiers, '13, "to study nervous anatomy;" Goff, '13, "to make 100 in all my exams;" De Angeles, '13, "to be a Professor some day;" Sprehn, '13, "to write a college poem;" Evans, '13, "to conquer the Marsh Gas series and Benzene Ring or die in the attempt;" Hill, '14, "to not miss a lecture;" Crawford, '14, "to beat Sprehn on bones;" by the Dean, "not to let Brer Rabbit get his foots wet, fer when he do, the whole family cotches cold;" by Professor Webster, "to give us three months next year," and by the Faculty, Student Body and Alumni, "to make this the best year in the history of the C. E. M. C., to work, boost and shout until such an enthusiasm and college spirit has been created as will make ours the leading medical educational institution on the Pacific Coast;" which could be easily accomplished if every Eclectic and liberal-minded practitioner west of the Rockies would sit up and take notice of the great work we are doing.

The hall was decorated with college pennants, the college colors, blue and gold, and pepper boughs. The reception room was decorated with holly. During the evening refreshments were served by the entertainment committee and consisted of such articles as Drs. Kurpiers' and Reinsmidt's Anti-thirst serum, Dr. Munk's Bovine Emulsion and Dr. Barbrick's Elastic Anti-Boulimia Lozenges. The number present greatly exceeded the expectations, and everybody went away with a happy smile which gave the specific indications to the students that they will have to repeat the dose at a later date.

The only "calamity" we have so far heard of as a result of the entertainment was "What happened to Reinsmidt?" It is rumored that six—more or less—of the "Munk Capsules" he took during the diagnosis hour got the best of him and he "missed the show"—except what he was having privately—which was a calamity, indeed, as can be testified to by all those who were present.

### BOOK REVIEWS.

MEDICAL DIAGNOSIS, by Charles Lyman Greene, M.D., of St. Paul, Professor of the Theory and Practice of Medicine in the University of Minnesota; ex-President of the National Association of Life Insurance Examining Surgeons, etc. Third edition. Revised. Seven colored plates and 248 other illustrations. Price \$3.50. P. Blakiston's Sons & Co., Philadelphia.

This book is a member of the "Leather Bound Series of Manuals," and this describes the excellent work of the printer and binder. 12 mo. full limp leather binding, gilt edges and round corners.

This work is of the most practical character, the language being clear and concise, there being nothing superfluous, and is in every way a worthy member of the well-known series of manuals, with which every one is more or less acquainted. It is packed with information from cover to cover and will be found admirable for students and practitioners. It has been adopted as the text book in medical diagnosis in the California Eclectic Medical College.

**PRACTICAL BACTERIOLOGY, BLOOD WORK AND ANIMAL PARASITOLOGY**, including Bacteriological keys, Zoological Tables and Explanatory Clinical Notes, by E. R. Stitt, A. B. Ph. G., M. D., Surgeon U. S. Navy; Graduate London School of Tropical Medicine; Associate Professor of Medical Zoology, Philippine Medical School, etc., etc. Second edition. Revised and enlarged with 91 illustrations, 12mo. cloth. Round corners. Price, \$1.50. 1910. P. Blakiston's Sons & Co., Philadelphia.

The fact that a second edition has been required in little more than a year would indicate the reception accorded to this book. The previous works on laboratory technique have been only too few and inadequate. This deals with the practical part giving only sufficient theory to elucidate the subject.

The section on "Clinical Bacteriology and Animal Parasitology of the Various Body Fluids and Organs" has been revised to meet the most recent advances in clinical diagnosis. A method is given for the making of differential counts in the same preparation as that for making the leucocyte count which has many advantages. There are some interesting illustrations of poisonous snakes. There are many other good things in this small handy volume.

**MATERIA MEDICA AND THERAPEUTICS**, by John William Fyfe, M. D., author of Specific Diagnosis and Specific Medication; formerly Professor of Specific Therapeutics in the Eclectic Medical College of the city of New York, with a formulary by G. W. Boskowitz, M. D., Professor of Therapeutics in the Eclectic Medical College of the city of New York. Bound in flexible leather with rounded corners. Price \$2.00 net. 1911. Scudder Bros., Cincinnati.

This is the second edition of Dr. Fyfe's *Materia Medica*, which is now published in pocket style. The writer has dealt

almost exclusively in essentials, omitting much that might be regarded as theoretical. As a contribution to our works on *Materia Medica* and *Therapeutics* it is a valuable asset and we recommend it to the profession, especially to the Eclectics.

**PRIMER OF HYGIENE**, by John W. Ritchie, Professor of Biology, College of William and Mary, Virginia, and Joseph S. Caldwell, Professor of Biology, George Peabody College of Teachers, Tennessee. Illustrated by Karl Hassman and Herman Heyer. Price, prepaid, \$ .48. 1910. World Book Co., Yonkers-on-Hudson, New York.

To teach Hygiene in the most thorough way it is best to start with the child and instruct him early in the principles of this science. This book opens a world of new ideas to the fourth and fifth grade pupil, showing him what he himself can do to keep his body in health and convincing him of the importance of care in these matters.

The authors have a style of unusual force, clarity and interest, and have produced a really new book—new in content, purpose and method.

**PRINCIPLES OF PUBLIC HEALTH**, a simple text book on hygiene presenting the principles fundamental to the conservation of individual and community health, by Thomas D. Tuttle, B. S., M. D., Secretary and executive officer of the State Board of Health of Montana. Price, prepaid, \$ .60. 1910. World Book Co., Yonkers-on-Hudson, New York.

The author has here set forth the general rules of life by the observance of which every adult and every child not only can do much to preserve his own health, but can prove himself a prominent factor in raising the standard of public health. The author has not attempted to deal with all the diseases that may be classed as preventable; as the work is intended for use in the public schools. To teach the children a proper respect for their own health and for the community welfare is to fit them for the best citizenship.

**EXTRACTS FROM LECTURES ON THERAPEUTICS**, by Geo. W. Boskowitz, A. M., M. D., delivered at the Eclectic Medical College of the City of New York, Session 1909-10. Compiled by Victor von Unruh. Printed by courtesy of F. A. Greene, M. D. Price, one dollar.

This is a small handy compend, just published, of ninety-two pages, bound in flexible leather with rounded corners. This book will prove handy to the busy man, helping him to select quickly the indicated remedy. To the man of leisure it gives an opportunity to apply to his cases what the study of the little volume will have taught him. For the student it is a ready reference. Dr. Boskowitz has used Ellingwood's *Materia Medica* as a text book for his classes.

## A DELIGHTFUL REVELATION

The value of Senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of California figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "**Syrup of Figs and Elixir of Senna.**"

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

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Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action acceptable to the taste and never followed by the slightest debilitation.

### ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

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**NOTICE!**

The National Confederation of State Medical Examining and Licensing Boards will hold its Twenty-first Annual Meeting in Chicago, Ill., on Tuesday, February 28th, 1911, at the Congress Hotel.

The subjects to be taken up at this meeting will be a consideration of the State Control of Medical Colleges; a report by a special committee on Clinical Instruction; a report on a proposed Materia Medica List by a special committee; the report on a paper presented at the St. Louis meeting by Dr. Abraham Flexner, of the Carnegie Foundation for the Advancement of Teaching; and some special papers on such subjects as the Regulation of Medical Colleges, Necessity for Establishing a Rational Curriculum for the Medical Degree, and others, by men eminently qualified to prepare papers upon such subjects.

These topics are all of practical and vital interest to medical colleges, medical examining boards, the profession at large and the public. The Symposium will be composed of ten papers and be presented from the view-points of state, law, medical colleges, state medical examining and licensing boards and the medical profession. The contributors of papers to the Symposium on State Control of Medical Colleges are men of the medical profession, and their production will be worthy of

the most careful consideration. The chief object of the Symposium is to determine, as far as possible, the feasibility of placing Medical Colleges under State Control. The special committee on Materia Medica made a report at the St. Louis meeting of the Confederation June 6th, 1910, and it was continued and instructed to report again at the next annual meeting of the Confederation in 1911. The report of this committee made at St. Louis has received very favorable comment by many of the editors of medical journals, and should receive at the Chicago meeting extended and careful consideration. The report on Mr. Flexner's paper is published in the Proceedings of the St. Louis meeting of the Confederation, page 64, and will be open for discussion at the Chicago meeting.

An earnest and cordial invitation to this meeting is extended to all members of State Medical Examining and Licensing Boards, teachers in medical schools, colleges and universities, delegates to the association of American Medical Colleges, to the Council of Medical Education of the A. M. A., and to all others interested in securing the best results in medical education.

The officers of the Confederation are: President, J. C. Guernsey, M. D., 1923 Chestnut St., Philadelphia, Pa.; Secretary-Treasurer, George H. Matson, M. D., State House Columbus, Ohio.

#### WINTER WEATHER SUGGESTIONS.

The great prevalence of coughs, at present, especially those of grippal origin, makes it not amiss to present a suggestion and a remedy. In place of remedies which always dry up expectoration, disturb digestion, cause constipation, and render the patient uncomfortable and drowsy, it is desirable to employ the extremely efficient and popular cough sedative, Antikamnia & Codeine Tablets. This remedy relieves cough by its soothing effect upon the air-passages, but does not interfere with expectoration, and, in fact, renders it easier by stimulating the respiratory muscles. Only a very small dose, one tablet, every one, two or three hours, for adults, is required to produce a satisfactory result. One on the tongue when retiring will greatly relieve night-coughs.

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The progressive character of the average psychoneurosis—taking hysteria as a type—leading practically to chronic invalidism, is not the least of the reasons demanding well-chosen therapeutic measures.

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Few conditions prove such a source of worry and annoyance to patient and physician during the cold months as those obstinate coughs of bronchial origin. Not only is the cough a great bother, but if not checked it is not unusual for a graver state—such as a pulmonary tuberculosis—to follow. For the relief of “those coughs that hang on,” Cord. Ext. 01. Morrhuæ Comp. (Hagee) is a favorite remedy with thousands of practitioners. It takes the edge off the cough, soothes the irritated mucous membrane, and so builds up general health as to increase markedly the bodily resistance to other and more serious diseases. Cord. Ext. 01. Morrhuæ Comp. (Hagee) is a potent yet palatable cod liver oil preparation.

## A NEW LINE OF PARKE, DAVIS & CO.

“Everything under the sun for physicians” might be suggested as a motto not inappropriate for Parke, Davis & Co. The thought is prompted by the recent incursion of the company into the field of surgical dressings. It was something like a year ago, if we mistake not, that Chloretone Gauze and Formidine Gauze were launched in modest fashion, the purpose evidently being to let them find their way into the medical armamentarium in the natural order of events rather than by

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artificial fostering. Their reception by the profession must have been gratifying, for the line soon began to expand. Now it numbers six gauzes and tapes, and we note a disposition on the part of the company to bring them more prominently to the attention of physicians. For this reason a word or two in explanation of them may not be out of place.

The line includes Chloretone Gauze, Formidine Gauze, Formidine Tape, Adrenalin Tape, Plain Tape, and Anesthone Tape. What has been said of the therapeutic properties of Chloretone, Formidine, Adrenalin and Anesthone (and most physicians are well acquainted with these products) is applicable to the surgical dressings. Chloretone Gauze applied to raw surfaces exerts an anesthetic and antiseptic action, promoting the comfort of the patient. It is markedly useful in extensive burns. Formidine Gauze takes the place of iodoform gauze. It is more actively antiseptic, does not stain the clothing, is non-toxic, and is practically odorless. Formidine Tape, which comes in two widths ( $\frac{1}{2}$  inch and  $1\frac{1}{2}$  inches) is used for packing cavities antiseptically. Adrenalin Tape, supplied in  $\frac{1}{2}$  and  $1\frac{1}{2}$  inch width, is serviceable in tamponing cavities to check hemorrhage. Plain Tape, which also comes in the two widths above mentioned, is used for packing and draining small wounds and cavities. Anesthone Tape is serviceable in the various forms of nasal hyperesthesia. All of the tapes are double-selvaged and when removed from wounds do not leave short threads to cause irritation.

Parke, Davis & Co. issue a small pamphlet descriptive of their medicated gauzes and tapes. Physicians who have not received a copy are advised to write for one. The dressings are pretty generally carried in well-stocked pharmacies.

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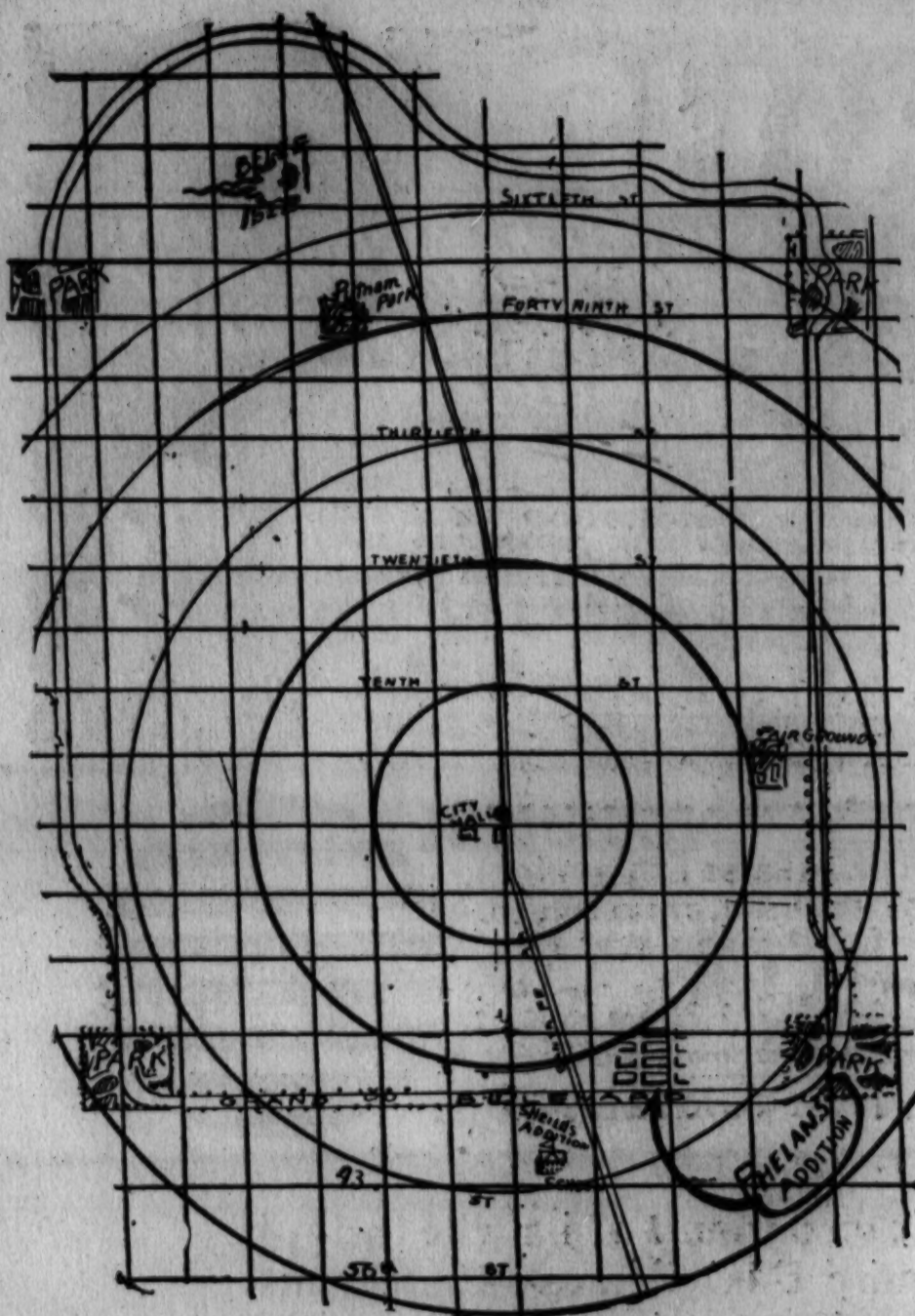
In nervous fretfulness of teething Children give five to twenty drops.

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and many patients will not take it on account of its vile taste; it is practically impossible to disguise this vileness—the chemist has tried loading it with all sorts of aromatics and flavors with little success. The fishy taste persists in spite of everything.

In tuberculosis and other chronic ailments the low vitality reflects seriously upon the stomach; for this reason cod-liver oil in many cases, simply complicates matters by interfering with the digestion of other foods. Another objection to it is its tendency to become rancid (in common with all animal fats) with the formation of certain fatty acids of a toxic character. The rancidity is sometimes concealed in highly aromatized emulsions, but, just the same, they are unfit for use and productive of harm.

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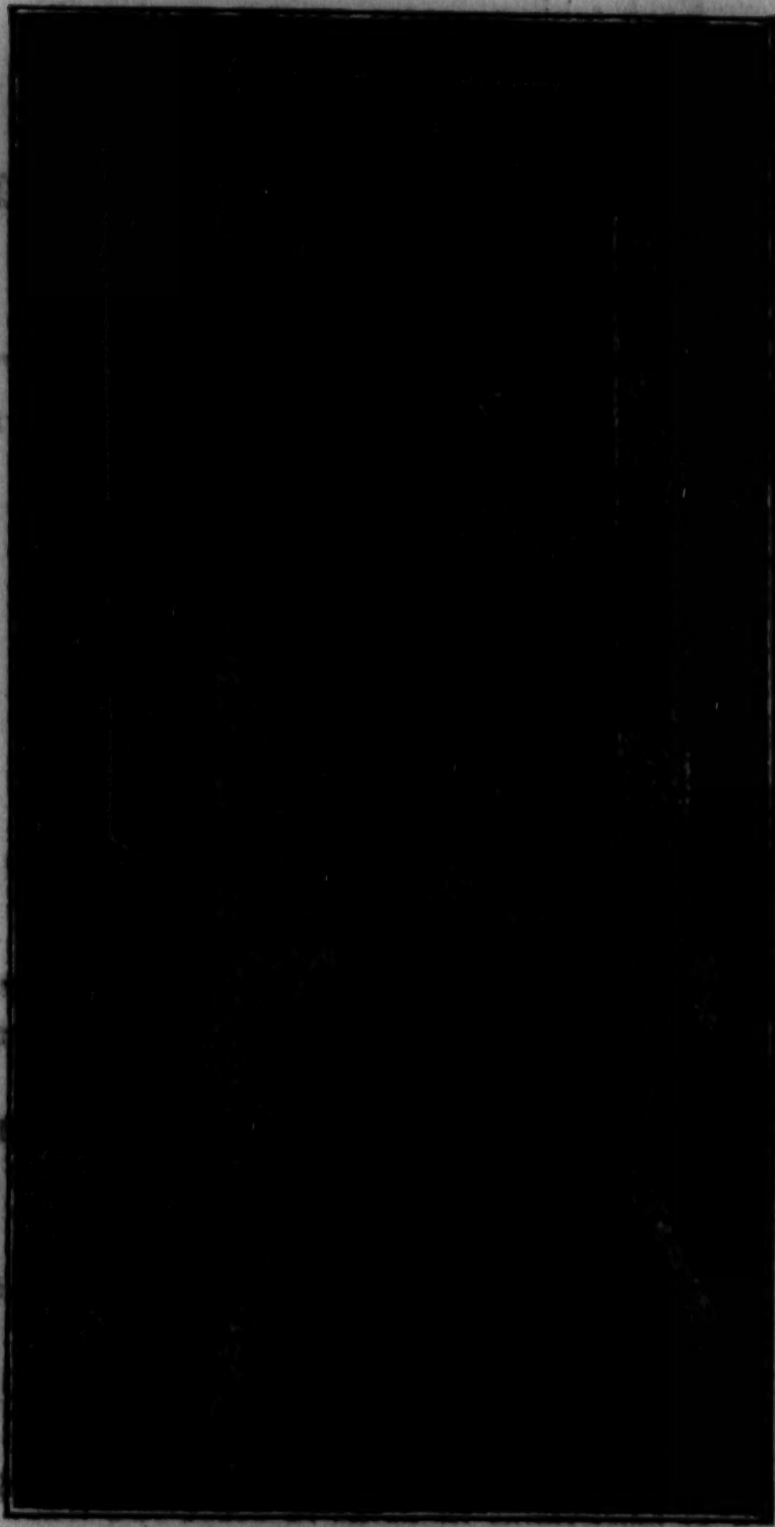
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